

# Ebola Virus Disease Screening Questionnaire as of 2 Oct 2014

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Privacy Act Statement on reverse  
 Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

1. In the previous 21 days, has the individual resided or traveled to any of the following countries in West Africa: Liberia, Sierra Leone, Guinea, or any region where Ebola Virus Disease (EVD) outbreak transmission is active? ☐ Yes ☐ No If yes, location: \_\_\_\_\_

Dates of travel: \_\_\_\_\_ Reason for travel: \_\_\_\_\_

## HIGH RISK EXPOSURES: within the past 21 days, has the individual:

2. Had a percutaneous, e.g. needle stick, or mucus membrane exposure to body fluids of EVD patient?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Direct skin contact with or exposure to body fluids of a confirmed EVD patient without appropriate personal protective equipment (PPE)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Performed lab work processing body fluids of confirmed EVD patients without appropriate PPE?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Participated in funeral rites or had other direct contact to human remains in the geographic area where EVD transmission is active without appropriate PPE?	<input type="checkbox"/> Yes <input type="checkbox"/> No

## SOME/LOW RISK EXPOSURES: within the past 21 days, has the individual:

6. Had close contact* with an EVD patient? <small>*Close contact defined as a) being within 3 feet or within the room or care area for a prolonged period of time while not wearing recommended PPE; b) having direct contact (e.g. shaking hands) with an EVD case while not wearing recommended PPE. At this time, brief interactions, such as walking by a person or moving through a hospital do not constitute close contact.</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Provided patient care or had household contact without high-risk exposure to EVD patients in healthcare facilities or community in EVD outbreak affected countries?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Handled, butchered, or consumed dead primates, bats, rodents or other animals in the previous 21 days where EVD transmission is active?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Has the individual worked or spent time in a mine/cave inhabited by bat colonies in the previous 21 days where EVD transmission is active?	<input type="checkbox"/> Yes <input type="checkbox"/> No

## CLINICAL SYMPTOMS

10. Does the individual have any of the following signs or symptoms? *Mark all that apply.* ☐ Yes ☐ No

☐ Fever ( $\geq 101.5^{\circ}\text{F}$  or  $38.6^{\circ}\text{C}$ ) or subjective fever Temp: \_\_\_\_\_  $^{\circ}\text{F}/^{\circ}\text{C}$

### Symptoms

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Headache              | <input type="checkbox"/> Vomiting         | <input type="checkbox"/> Hiccups               |
| <input type="checkbox"/> Joint and muscle ache | <input type="checkbox"/> Stomach pain     | <input type="checkbox"/> Cough                 |
| <input type="checkbox"/> Abdominal pain        | <input type="checkbox"/> Lack of appetite | <input type="checkbox"/> Chest pain            |
| <input type="checkbox"/> Weakness              | <input type="checkbox"/> Rash             | <input type="checkbox"/> Difficulty breathing  |
| <input type="checkbox"/> Diarrhea              | <input type="checkbox"/> Red eyes         | <input type="checkbox"/> Difficulty swallowing |
|  |   | <input type="checkbox"/> Bleeding              |

## RISK CATEGORY (Document Risk Category in Individual's Medical Record)

<input type="checkbox"/> <b>No known exposure</b> (yes to question 1 only)	<b>Asymptomatic</b> <ul style="list-style-type: none"> <li>Provide individual with EVD advisory</li> <li>Self-monitoring for fever and other symptoms for 21 days after leaving the EVD-affected country</li> </ul> <b>Symptomatic = Person Under Investigation with no known exposure</b> <ul style="list-style-type: none"> <li>In the absence of an alternate etiology, (e.g. traveler's diarrhea, malaria) contact provider, infectious disease (ID) and Preventive Medicine/Public Health at your MTF</li> <li>Controlled movement may be implemented while evaluating symptoms</li> </ul>
<input type="checkbox"/> <b>Low/Some risk exposure</b> (yes to $\geq 1$ of questions 6-9)	<b>Asymptomatic</b> <ul style="list-style-type: none"> <li>Provide individual with EVD advisory and instruct to monitor twice daily for fever for the next 21 days. Provide thermometer if necessary</li> <li>No commercial travel for 21 days after last exposure</li> </ul> <b>Symptomatic = Consider as Probable Case</b> <ul style="list-style-type: none"> <li>Contact the provider, ID and Preventive Medicine/Public Health at your MTF immediately</li> <li>Implement infection control precautions (standard, contact, droplet); no commercial travel</li> </ul>

# Ebola Virus Disease Screening Questionnaire as of 1 Oct 2014

## ☐ High risk exposure

(yes to ≥1 of questions 2-5)

### **Asymptomatic**

- Provide individual with EVD advisory and thermometer if necessary and instruct to monitor twice daily for fever for the next 21 days
- No commercial travel for 21 days after last exposure
- Contact provider, ID **and** Preventive Medicine/Public Health at your MTF **immediately**
- Place an **ASAP ID consult** for further evaluation

### **Symptomatic = Consider as Probable Case**

- Contact Provider, ID **and** Preventive Medicine/Public Health **immediately**
- Implement infection control precautions (standard, droplet, contact)

Screener Name and Signature \_\_\_\_\_ Date \_\_\_\_\_

## **If you develop symptoms within 21 days of returning from an affected country:**

- 1) Please call your PCM and/or medical treatment facility and inform them of your travel to an affected country and your symptoms. They will advise you on where and how to proceed to medical care. After Normal Duty Hours/Weekends/Holidays, contact your medical treatment facility nurse triage line.
- 2) Call your immediate supervisor.

## **Controlled movement for asymptomatic contacts of EVD cases:**

At this time, CDC is not recommending that asymptomatic contacts of EVD cases be quarantined, either in facilities or at home. Latest CDC guidance can be found:

<http://www.cdc.gov/vhf/ebola/index.html>

However, all asymptomatic contacts of EVD cases, whether high- or low/some-risk, should be conditionally released, which includes monitoring by the public health authority, self-monitoring of temperature twice daily and immediate notification to the public health authority if fever or other symptoms develop.

Travel is permitted, but only with controlled movement. Asymptomatic contacts should notify the public health authority of intended travel to minimize exposure risk to other travelers. Travel should not be by commercial conveyance (i.e. airplane, ship, or train). Local travel for asymptomatic individuals (e.g. bus or taxi) should be assessed in consultation with local public health authorities.

The purpose of controlled movement is to minimize potential exposure to others and immediately initiate preventive measures if symptoms develop en route. This will also ensure the individual receives prompt and appropriate medical attention as indicated should he or she become symptomatic. Conditional release and controlled movement should remain in effect for 21 days after last exposure to an EVD case, which is the maximum incubation period.

### **PRIVACY ACT STATEMENT**

**AUTHORITY:** 10 U.S.C. Section 3013, Secretary of the Army; 10 U.S.C. 5013, Secretary of the Navy; 10 U.S.C. 8013, Secretary of the Air Force; DoD Directive 6490.02E, Comprehensive Health Surveillance; AR 40-5, Preventive Medicine.

**PRINCIPAL PURPOSE(S):** Used by medical authorities and others with a requirement to conduct screening to record the travel history, potential exposures and any symptoms of illness in a person who has possibly been exposed to Ebola; and to determine exposure risk category.

**ROUTINE USE(S):** The DoD "Blanket Routine Uses" that appear at the beginning of the Army's compilation of systems of records apply to this system. Information may be disclosed to aid in preventive health and communicable disease control programs and report medical conditions to Federal, state and local agencies, required by law.

**DISCLOSURE:** Voluntary. However, failure to provide all the requested information may result in the improper treatment and care being administered to the patient.